PTO/SB/06 (07-06)

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Under the Paperwork Reduction Act of 1995, no persons are required to respon  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875							Application or Docket Number 10/723,777			ing Date 26/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY X				HER THAN	
Н	FOR		<del></del>		IMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A		N/A		١	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	Ε	N/A		N/A		N/A		1	N/A		
TO	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								ı	TOTAL		
	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	02/17/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 7	Minus	<b></b> 39	= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		-		x \$ = 1		OR	x \$ =		
Δ	Independent (37 CFR 1.16(h))	*	Minus	***			x \$ =		OR	x \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))								l			
Αľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 4, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 4, enter "3".  The "Highest Number Previously Paid For" (Total Inst SPACE is less than 3, enter "3".												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentiality is ownered by \$8 USE. of 122 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer. US. Fatential and Trademark Office, U.S. Department of Communos, D.O. Box 1450, Aboxandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENTS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.